

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/763040</b>		FILING DATE <b>16 FEB 2001</b>		
							APPLICANT(S) <i>Strang</i>				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			/				51				
2				/			52				
3							53				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			/				TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS			2				TOTAL CLAIMS				

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